Maryland Department of
Juvenile Services
Treating ● Supporting ● Protecting

One Center Plaza
120 West Fayette Street
Baltimore, MD 21201

Anthony G. Brown
Lt. Governor

Martin O'Malley
Governor

Donald W. DeVore
Secretary

December 24, 2008

Re: 08-JS-053 RFP For Structured Shelter Care Program In Baltimore County

Dear Potential Offeror:

Attached please find Question and Answer Series No. 1 for the above referenced solicitation.

Offers for this RFP are to be submitted to the Procurement Officer by the revised due date of January 16, 2009 no later than 3:30 p.m. to Marcus V. Filson, Department of Juvenile Services, One Center Plaza, 120 W. Fayette Street, Rm. 334, Baltimore, Maryland 21201. Late offers will not be accepted.

Please acknowledge receipt of the Question and Answer Series No. 1 and cover letter by faxing a signed copy to fax number 410-333-4191.

Sincerely,

Marcus V. Filson (DG)

Marcus V. Filson, Director
Office of Procurement

MVF:da

Acknowledgement:

_____

Name Date

_____

Organization

QUESTION AND ANSWER SERIES NO. 1
REQUEST FOR PROPOSAL FOR
STRUCTURED SHELTER CARE PROGRAM IN BALTIMORE COUNTY
SOLICITATION NO: 08-JS-053

Guide Program, Inc.

Q1. Can you project the number of physically disabled youth that will be admitted per year that should that be included in our budget?

A1. That information is not available. For budgetary purposes, use a projection of 2 youth.

Q2. Our building is not handicapped accessible. How should we handle this?

A2. DJS will make very effort to not place handicapped youth in the Program. However, there may be an instance or instances whereby the program will be expected to accept a handicapped youth while DJS looks for an alternative placement. How the youth is accommodated will be decided by the Program and DJS. DJS will have the final authority in regards to the decision.

Q3. The RFP in Section 5.1 states that "the average length of stay is 30 days but may be up to 90 days or longer," and the programming specified in the RFP appears to be designed for such lengths of stay. However, current experience over the past two years has been that the average length of stay has been much shorter than this (5.6 days in FY 2009 to date, and 9.0 in FY 2008), and in some recent months, about half of the youth referred stayed only one night. Is DJS anticipating an entirely different referral pattern in the new Contract, or is the expectation that the programming required will be made available only to a small percentage of the youth who are admitted to the program?

A3. The average length of stay is being revised. The revised average length of stay is 9 days.

Q3a. How many admissions do you anticipate in a typical year? (There were 311 admissions in FY 2008). This question is critical to bidders' budget preparation, as the number of admissions will determine the numbers of various types of assessments that will need to be completed in the first few days after admission, e.g. SASSI, POSIT, MAYSI, initial health screening, and family assessments.

A3a. The projected number of admissions is 300 per fiscal year.

Q3b. Costs in many regards are affected more by the number of admissions than the average census. It would seem very important for the number of projected admissions to be specified along with the projected average daily census. Can you project the average daily population and number of admissions per year to be used as the basis for budgeting for this program?

A3b. The projected average daily census is 8 youth. The census information can be used to develop the budget.

Q4. What is the definition of "intensive family intervention" in Section 5.4.1?

A4. We want you to tell us what you believe that is, in your Technical Proposal.

Q5. How often can we expect to have youth referred who are younger than 12 years old? Will the program be allowed to admit 12 year olds at the same time that we have 20 year olds in the program (and vice versa)? Do COMAR regulations permit 12 and 20 year olds to reside in the program, and permit a program to be licensed for such a wide age span?

A5. Yes. The 20 year old probably would be mentally delayed, not as mature as your average 20 year old. Referring a 20 year old will be a rare occurrence.

Q6. Section 5.4.9 lists individual therapy as one of several components to be provided "for all youth." Does DJS anticipate that 100% of youth referred to the Shelter will have mental health issues that will require individual psychotherapy? Is the provider expected to provide individual therapy even to youth who stay less than a week? It would seem to be counter-therapeutic or potentially harmful to start regular individual psychotherapy with a youth that will only last for a week or two in the vast majority of cases (unless the referral pattern and average lengths of stay in the shelter are expected to be entirely different than they have been in the past few years). As an alternative, could individual psychotherapy be provided only in crisis situations or when immediate supportive therapy is required?

A6. About 68 percent of youth in our facilities have mental health problems. About 80 percent of those have a co-occurring substance abuse problem. If they are in shelter care they in all probability have family functioning problems as well. Mental health and substance abuse assessments will be the first intervention. For those who stay longer, short-term counseling and linkages to services in the community will be appropriate.

Q7. Is it the intent of the RFP to require the administration of the SASSI and POSIT for youth whom we know at admission are only staying overnight?

A7. Unless we know with some certainty that the youth will not be there longer than 24 hours, the program will be expected to administer the SASSI and POSIT. Although the youth may be discharged, the DJS case manager will need the results to guide their decision for referral, if applicable.

Q8. Section 5.4.5 states that *"Youth identified as having a high probability for substance-related disorder and remains in care for three days or more shall be referred to a local/community based substance abuse treatment provider for a complete assessment."* Does this mean the referral must take place within three days of admission, or only that youth in care for at least three days must be referred in a reasonable time period after the third day in care? If it means that the referral must be made within three days, does this mean three business days (since the community based provider may not be open or take referrals on weekends and holidays).

A8. Referrals should start on the 3rd day. If the community-based provider is not open or does not take referrals on weekends and holidays, the referral starts on the next business day.

Q9. Section 5.4.5 item #5 states that The Contractor will provide access to the recommended treatment level of care, and AA and/or NA meetings weekly *"within twenty-four hours of receipt of the assessment results, for all youth identified by the complete assessment as having a substance-related disorder."*

Unless youth will be staying in the shelter for thirty days or more (a major shift from the current average lengths of stay), it would seem to be counter- therapeutic for youth to begin substance abuse treatment that will be abruptly terminated when they are discharged from the shelter. Indeed it is expected that most substance abuse treatment providers would become reluctant to continue accepting referrals from the shelter if youth are continually terminating treatment prematurely due to returning home or moving on to placements in other locales.

Could the procedure be for the Contractor to instead make the recommendation for referral to treatment to the DJS Community Case Manager, who will then make referral to a treatment provider in the area where the youth will be residing after leaving the Shelter (except when there is a need for immediate detox, or when a youth will be living close enough to the community provider to continue treatment after discharge from the shelter)?

A9. The expectation is that the Contractor will coordinate all referral with the DJS Staff responsible for the youth and the treatment provider. If it is a consensus that the youth be referred to a provider in his community, that is acceptable.

Q10. Regarding the requirement for drug and alcohol testing in Section 5.4.5, item #4, is the purpose primarily to discourage substance abuse by youth while in shelter care, or is the emphasis more on identifying substance abuse problems to be treated?

A10. The emphasis is identifying substance abuse problems to be treated.

Q10a. Does "random testing" mean random regarding which youth get tested, or all youth get tested at random intervals?

A10a All youth get tested at random intervals.

Q10b. Is the expectation that urine testing be done by a certified lab as would be needed in a criminal justice context, or can the Contractor use the kind of test kits that are available for home use and are often used by DJS just to help monitor kids and identify youth who may need to be referred for further assessment? If the former, what is the intent regarding how the testing will be paid for (i.e. insurance and MA, or included in the program budget?)

A10b. The testing is for identification and treatment purposes only. The cost of testing should be part of your financial proposal and based on the revised population projections.

.Q10c. Is urine surveillance acceptable for all testing, or is it the intent that breathalyzers be used for alcohol testing?

A10c. Breathalyzers are not to be used for alcohol testing.

Q10d. How many urine screens per year should we base our budget on?

A10d. We can only give you whatever data we have. Revised population data is included in question Q3.

Q11. In some instances we have heard DJS personnel state that future Contracts will require Contractors to pay for the costs of interpreters for limited English proficient (LEP) youth out of the program budget. However, the DJS Policy Directive SD D1113-03-03 which regards "Communicating with Limited English Proficient Persons Policy," does not seem to indicate that Contractors are responsible for paying for these services. For

example, 5 b (2) states *"DJS shall translate all vital documents . . .", and 5 d (2) states, "Area Directors shall designate a central coordinator responsible for . . .ensuring the availability of resources for language services, including contracts, . . . to all DJS and contractor offices."* Please clarify whether DJS will pay for all needed interpretive services, or whether the Contractor is expected to pay for these out of the program budget. **If the latter, please project the number of hours of interpretive services which we should base our budget on.** Without this projection, it is very difficult for the bidder to determine how much to budget for such highly unpredictable costs.

A11. The Contractor is required to provide these services, and it does not have to be 24 hours a day. This would be a form of discrimination if you have people in your program and you cannot provide their language interpretation. For budgetary purposes, project 4 youth per year.

Q11a. Similarly, under Policy Directive MGMT-1-04, Accessibility for Youth with Hearing Impairments, there is to be coordination of "the provision of appropriate auxiliary aids and services" for youth with hearing impairments. Are the costs of such aids and services to be provided for with Contract funds, or will DJS pay for these? If the former, can you project the amount of such aids and services that we need to base our budget on?

A11a. For budgetary purposes, project 2 youth per year. The Offeror is expected to do the research required in regards to the cost of auxiliary aids and services for youth with hearing impairments.

Q12. Is it the expectation of DJS that the cost of the substance abuse assessment from a community based provider be billed to the resident's insurance or M.A., or should this cost be built into the budget?

A12. The cost should be built into the budget.

Q12a. If the former, will DJS reimburse the Contractor for all assessments which third party payors do not pay for, as is now the case with DJS paying for unreimbursed initial health screenings outside of the contract?

A12a. Offerors should include the cost in their financial proposals. DJS will not routinely pay for screenings outside the contract.

Q12b. If the later, please project the number of assessments per year that we should base our budget on.

A12b. Use the revised population figures provided in question Q3.

Q12c. The same questions -- regarding the "initial health screening by a medical care provider" that must take place within 24 hours of admission according to COMAR 14.31.07.09. Will the reimbursement practice currently in place continue (as described in a. above).

A12c. These costs should be part of the Offeror's financial proposal.

Q13. In the budget instructions object .12 reads differently than in the past. It indicates that this object is for payments by the Contractor to others (which is essentially the same as .08 Contract Costs). In the past this item was meant the way it appears in the directions on the Bid Board, as follows: *".12 **GRANTS, SUBSIDIES AND CONTRIBUTIONS** - any additional income/funding that will be used to defray the cost of this program. **This figure should be deducted from, not added to, the total contract cost.** The narrative should include name of source, amount of subsidy/grant contributions, length of funding, and any specific criteria/limitations, i.e., funds can only be used to provide cultural enrichment activities to disadvantaged children."* Was it the intent to define this object in a new way?

A13. It should be .12 GRANTS, SUBSIDIES AND CONTRIBUTIONS.

Q14. Is there a payment required as in the past to eMaryland Marketplace by the Contract awardee?

A14. No.

Q15. On the Sample Invoice (Ex. 11) what is meant by the request for the County that youth come from? Youth come from many counties and the City.

A15. List all the different counties that the youth come from.

Q16. In 2.13 a monthly expenditure report is required to accompany the invoice. Is there a format prescribed for this? Nonetheless, is payment only based on the invoice and on the monthly occupancy tier level for the month? Are we to calculate this based on an average daily census for the program calculated as is now done on the monthly program roster (i.e. total number of youth days in care divided by the number of days in the month? It appears that the roster in the Exhibits does not provide for this calculation, unlike the roster form currently in use).

A16. This should be Exhibit № 10 Program Roster.

Q17. Can three full years be presented in the budget packet since once a Contractor is selected the three years will need to be applied to whatever dates are finally determined and likely cut up differently than may now be considered by the tentative projected term.

A17. The forms should be Contract year one, Contract year two and Contract year 3 with the total for all 3 years.

Q18. Section 5.7.4 in the RFP indicates "'where applicable' the contractor shall comply with the Correctional Services Article of the Annotated Code of Maryland regarding hiring procedures, minimum qualifications, etc.", and further will be responsible for employees attending "the required courses and training 'upon implementation by the State,' as well as related cost and expense." It is not made clear in the RFP as to what parts of the Correctional Services Article or Title 12.10.01 of COMAR (Correctional Training Commission presumably that implements the ACM article) are intended to apply to shelter care staff. Can this clarification please be provided?

A18. The RFP will be amended to remove this requirement. After further inquiry, it was found that the Shelter care Program is not currently a "mandated" program. The Contractor will be required to comply with the residential childcare training requirements in the newly revised regulations (COMAR 14.31.06)

Re: Training

Q19. Do courses now exist for which there is an expectation that that any or all shelter care staff must attend in this regard, or is this something that is to be "implemented" at a future time by the Department? In either event can you provide a list of these classes, their length, and costs if any? If there are classes that are prescribed, by what point in their employment are personnel expected to have them completed; must this be accomplished prior to beginning to work in the program?

A19. The RFP will be amended to remove this requirement.

Q20. The RFP does reference 40 hours of orientation with the "mandated courses of juvenile justice" (including such things as human growth and development, laws and regulations, etc.). Where are these 40 hours specified? COMAR 12.10.01.09 does reference DJS positions (i.e., Youth Supervisor, Juvenile Counselor, and JS Support Staff) along with prescribed training hours and courses for each (160, 160, and 80 hours of "Entrance-Level Training Requirements" respectively). Is there an intent that any shelter staff will participate in training associated with these positions?

A20. The RFP will be amended to remove this requirement.

Q21. If Training Commission classes are required how are they to be paid for presumably if the contractor is prohibited by ACM 8-208 (b) from using Contract funds to cover these costs?

A21. The RFP will be amended to remove this requirement.

Q22. Whatever training requirements are determined to be required in order to conform to the Correctional Services ACM article specifically, will these be additive to the considerable residential childcare training requirements in the newly revised regulations (COMAR 14.31.06) that govern shelter services? Is there an expectation that shelter care providers must conform to both the required residential childcare training regulations and those of the Correctional Training Commission?

A22. The RFP will be amended to remove this requirement. The Contractor will be required to comply with the residential childcare training requirements in the newly revised regulations (COMAR 14.31.06)

Re: Hiring Procedures & Qualifications—

Q23. Which sections of 12.10.01 apply to the Shelter Care program? Is there an expectation that employees of the shelter are to meet the standards, etc. prescribed for DJS employees and cleared in the same manner as described therein? Are any of the shelter staff positions subject to the requirement to submit applications for certification (AFC) to the Commission? Must staff be certified by the Commission prior to beginning to work in the program?

A23. 12.10.01 does not apply to the Shelter Care Program. The Contractor will be required to comply with the residential childcare training requirements in the newly revised regulations (COMAR 14.31.06)

Q24. Can you designate which staff positions in the Shelter program are considered "mandated," if any, in the context of 12.10.01? Can the Department specify which positions match up to positions listed in 12.10.01 if there is a requirement that these standards for hiring and credentialing are to be followed?

A24. 12.10.01 will not apply. See the answers for the preceding question.

Q25. Are shelter staff to be subject to the pre-employment requirements found in 12.10.01.04, e.g. drug screening, mental health examinations, background investigations (beyond that now required to comply with the Family Law Article), and "entrance level training? (12.10.01.09)."

A25. 12.10.01.04 will not apply. The Contractor will be required to comply with the residential childcare training requirements in the newly revised regulations (COMAR 14.31.06)

Q26. Shelter staff have never been required to be credentialed through the Commission in the past. If this is to be a requirement for the new Contract will the Department provide technical assistance to implementing the process, and work with the contractor to transition to this new level of staff clearances?

A26. Employees will not be required to be credentialed through the Correctional Services Commission.

Q27. Currently the shelter program credentials its own staff and moves to have them begin service somewhat rapidly. Presumably to follow the hiring and certification procedures specified in 12.10.01 considerable time and effort would be required prior to being able to bring on new staff (or presumably even to get current staff trained and credentialed) to begin work in the project. Is consideration being given to how such a transition or startup period would occur? Can you provide information about the time that may be required to complete the certification process once training has been completed? If training is required by the Commission can it be initiated at any time that new employees might be required? If not how frequently is such training offered?

A27. The RFP will be amended to remove this requirement.

Parker Therapeutic Services

Q28. If our program has a child placement agency license, will that meet the Licensing requirements for this proposal?

A28. No, you will have to get a different license to operate the shelter home.